



Shelby County Attorney's Office

Memorandum

To: Steve Summerall, Chief Administrator
Board of County Commissioners

From: Thomas Williams *TW*
Asst. County Attorney

Date: September 3, 2008

Subject: Additional Attachments to Resolution to Approve Agreement with Shield, Inc.;
Corrected Location for the Shield, Inc. Project

Please find attached documents that the applicant requested this Office to attach to the Resolution to Approve an Agreement to recoup the cost of providing improvements, facilities and services. These documents were part of Shield's Exemption application to the State Board of Equalization.

Please also note that the address for the project has been corrected to 2452 Ketchum Cove, Memphis, TN 38114. The Neely address is for the Bearman Golden project also on the agenda for a separate project.



SHIELD INC.

(Sharing, Helping, Involving & Encouraging the Lives of the Disadvantaged)

2552 Poplar Ave. Suite 215

Memphis, TN 38112

Ofc. (901) 454-9755

Fax (901) 454-9765

Board Members

Executive Director

Valerie Bobo

Officers

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Cathy Winfield, Attorney

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Members

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Dr. Ronald Davis

Barbara Swearingen-Holt

Dr. Sybil Mitchell

July 15, 2008

Sabrina Williams

State Board of Equalization

Suite 1700

James K. Polk Office Building

505 Deadrick Street

Nashville, TN 37243-0280

Re: Exemption Application(s) – Property identified as 060-137-207 and owned by SHIELD, INC. in Shelby County (ER# 61694)

Dear Ms. Williams,

Enclosed you will find the information you requested concerning the application our agency made for Tax Exemption. I trust this information will expedite our request for exemption.

Also enclosed are attachments to support information requested.

If you need any further assistance, please feel free to contact me at 901-454-9755.

Sincerely,

Valerie Bobo

Executive Director

CC: Shelby County Assessor

Attachments



TENNESSEE STATE BOARD OF EQUALIZATION **APPLICATION FOR PROPERTY TAX EXEMPTION**

PLEASE ANSWER ALL QUESTIONS AND SUPPLY THE REQUIRED SUPPORTING DOCUMENTS. A SEPARATE APPLICATION FORM MUST BE FILED FOR EACH PARCEL OF REAL PROPERTY OR EACH PERSONAL PROPERTY ACCOUNT FOR WHICH EXEMPTION IS REQUESTED. Send the original completed and signed application, supporting documents, and appropriate fee to the State Board of Equalization, Suite 1700, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243-0280.

*IMPORTANT: SEE "APPLICATION INSTRUCTIONS" FOR LINE-BY-LINE INFORMATION REGARDING COMPLETION OF APPLICATION OR VISIT THE BOARD'S WEBSITE @ [HTTP://WWW.COMPTROLLER.STATE.TN.US/SB/SBEXEMPT.HTM](http://www.comptroller.state.tn.us/sb/sbexempt.htm).

Property Located in: Shelby County

TYPE OF PROPERTY (Mark One): ☒ REAL PROPERTY () PERSONAL PROPERTY

ASSESSOR'S PROPERTY IDENTIFICATION NUMBER

	District or Ward	Map or Block	Group	Control Map	Parcel Number	P.I.	S.I.
Real Property	06	137			060-0137-00207		
Personal Property					Personal Property Account or Parcel Number	P.I.	S.I.

1. Name of Organization applying for exemption: SHIELD, INC.

Tel. No. (901) 454-9755

2. Organization's Address: 2552 Poplar Ave Suite 215

Memphis TN 38112
 City State Zip Code

3. Physical location of property: 2452 Ketchum Cove

Memphis TN 38114
 City State Zip Code

4. Whom do we contact for more information? Mr. () Ms. ☒ Pastor () Name: Valerie Bobo

Tel. No. (901) 454-9755 Mailing address 2552 Poplar Ave Suite 215
Memphis TN 38112
 City State Zip Code

5. Check the type of exemption applied for: () Religious ☒ Charitable () Scientific () Educational
 () Other - Please Explain _____

6. Check the applicant's type of organization: () Unincorporated Religious or Charitable Association ☒ Nonprofit general welfare corporation () Nonprofit religious corporation () Other - Please Explain _____

7. The following documents are required to be submitted with the application(s) (photocopies are acceptable):

*Note: If multiple applications are submitted in the same county, submit only one copy of C, D, E, F below at the time of filing.

- A. If the application is for real estate, the recorded (warranty or quitclaim) deed which evidences ownership by the organization;
- B. If the application is for personal property, a list (which includes the value) or assessor's schedule of the items for which exemption is sought;
- C. If incorporated, the corporate charter, bylaws, certificate of authority (if incorporated outside of Tennessee);
- D. If unincorporated, documents stating the purpose and governance of the organization, (e.g. articles of faith, bylaws, mission statement, etc.);
- E. Copy of most recent IRS Form 990, if required to file;
- F. If not required to file Form 990, submit organizations financial records, e.g. income and expense statement for last fiscal year.
- G. If the application is for real estate, a photograph is required for each property.

(PLEASE COMPLETE THE OTHER SIDE OF THIS FORM)

5/14/07 Amount Received 100.00
 PK # 9228

FOR OFFICIAL USE ONLY
 DO NOT WRITE IN THIS SPACE

RECORD# 61694

RECEIVED

2607 MAY 14 PM 2:19

TN STATE EQUALIZATION

8. Has the organization previously made application for exemption for this or any other property? ☒ Yes () No. If the answer is yes, please identify the property and state the year in which application was made or the State Board's Exemption Record # (if known).
We were not approved because corrections needed to be made. We have made these corrections.
- A. If religious, was this property exempt under previous owner? () Yes NA () No.
- B. If religious, is this property replacing previously exempt property owned by your organization? () Yes () No.
9. For real property, what is the acreage of the parcel? 1.36 Acres
10. A. When did your organization receive the subject property? January 5, 2004
 B. How much was paid for the subject property? \$ 350,000.00
 C. What is the appraised value of the land by the assessor? \$ 89,500.00
 D. What is the appraised value of all structures located on the land by the assessor? \$ 411,000.00
 E. What is the appraised value of the personal property by the assessor? \$ 500,500.00
 F. If under construction, what is the estimated value of the completed building? NA
11. For real property, describe all structures located on the land (use additional sheets as necessary). There are three brick buildings. Two buildings have three stories. One building is a two story apartment.
12. For the real or personal property respond to the following (use additional sheets as necessary):
 A. List all current uses and/or activities made of the subject property. Please see attachment
 B. How often does such use or activity occur? Please see attachment
 C. The date each use began? Housing - January 2004 Shelter - January 2006
13. Is any portion of this property used by persons or organizations other than the applicant? () Yes ☒ No.
 If the answer is yes, respond to the following (use additional sheets as necessary):
 A. Fully describe who uses the property. Please see attached
 B. How the property is used
 C. When each use began January 2004 - Housing January 2006 - Emergency Shelter
 D. What portion of the property is used for each purpose (number of floors, acres, percentage used, etc.). Please see attached
 E. Describe the arrangement and provide a copy of the lease (if applicable)
14. Describe all uses of property, if any, which produce income or rent. State the sources and the annual amount of any income or rent. Include all income received from the use of the property, including income received from goods and services performed.
Please see attached
- *State law requires that you send a copy of this application and supporting documents to the assessor of property in the county in which the property is located.

CERTIFICATION STATEMENT

I, Valerie Bibb, agent for the applicant and being authorized to do so, hereby certify that:

- a) the foregoing statements are true to the best of my knowledge and belief;
 b) all of the required supporting documents listed in Question #7 have been submitted with this application;
 c) a copy of the application and supporting documents were also submitted to the county assessor of property;
 d) while this application is pending, I and the applicant have a duty to report any change in the information or documentation submitted herewith during this period (this includes change in ownership, use, name, occupancy, etc.)
 e) if the organization is incorporated, the corporation is in good standing per the records of the Secretary of State.

Date	Signature	Title	Telephone
5/9/07		Executive Director	406 454-9755

FOR OFFICIAL USE ONLY

() APPROVED:

() DENIED:

() PARTIAL:

() OTHER:

EFFECTIVE DATE OF EXEMPTION:

EXEMPTION TYPE:	RELIGIOUS ()	CHARITABLE ()	EDUCATIONAL ()	SCIENTIFIC ()

COMMENTS:

By

STAFF ATTORNEY OR BOARD DESIGNEE

DATE

1. My understanding is that there are three (3) buildings on the subject parcel. Does each building contain units used for housing?

Yes

2. If yes, please explain.

All units house homeless, low-income individuals and families. Some are mentally ill and are dually diagnosis.

3. How many units are in each of the three buildings?

2450- 24 units

2452- 11 units

2454- 30 units

4. Please explain the use of each of the units in each of the three (3) buildings, i.e., whether a unit is used for housing, office, etc.

All units are used for housing except:

Bldg. 2452 unit #1 is used as office space

5. How was this project funded, e.g. Federal or other governmental funding, private funding, etc?

Project is funded with Home Funds through the City of Memphis and Federal Home Loan Bank of Cincinnati Grant. It also houses a Shelter Plus Care grant for the City of Memphis and an emergency shelter for the City of Memphis and FEMA

6. If funded through some governmental program, please provide copy of the contracts between the organization/applicant and funding sources

See attachments

7. Provide a copy of the contract between the organization and the funding source of the subsidies for the subsidized units.

See attachment of Shelter Plus Care Grant from the City of Memphis that subsidizes 33 units for chronically homeless individuals.

8. What is the selection process for the clientele/residents, e.g., governmental agencies, private organizations, etc.?

Must be low income, disable, or homeless, and be able to obtain utility, and have no major felonies. See attachment for Shelter Plus Care and Emergency shelter requirements.

9. What is the actual amount of rent being charged for each unit or type of units?

1 Bedroom s- \$350 unfurnished

1 Bedrooms- \$618 Furnished and subsidized (33 units) \$51 dollars given to resident for utility allowance and resident pays 30% of median income.

2 Bedrooms - \$425 unfurnished

10. Does the organization provide any services, other than housing itself, to clients/residents?

Yes

11. If yes, please explain.

We provide linkage and referrals to community resources, support groups, employment, and etc. We also provide case management, food program, and recreational activities. Please see attached flyer on the Yes, I Can Program that is offered on site.

12. If services are provided by third -party entity, please explain.

Some services are offered by third parties and some are offered by our agency. Due to limited funding we link and collaborate with existing programs that are already being provided in the city when it is possible. Many services such as case management, food program, and recreational activities are offered by our agency.

13. How many persons can be housed at the subject property?

At least 56 individuals and small families and 8 medium sized families totaling 64 persons or families

14. Is any unit occupied by the manager?

No

15. Please provide any other information, eg., brochures, marketing information, etc., that your organization would deem helpful in my review.

See attachments

TABLE OF ATTACHMENTS

PAGES

1. WHO IS SHIELD, INC?
2. SHELTER PLUS CARE CONTRACT
3. HOME PROGRAM
4. CITY EMERGENCY SHELTER
5. FEMA – EMERGENCY FOOD AND SHELTER PROGRAM
6. SHELTER PLUS CARE CRITERIA
7. EMERGENCY FAMILY SHELTER CRITERIA
8. YES, I CAN SUPPORTIVE PROGRAM
9. FLYERS AND BROCHURES
10. BROCHURES
11. NEWSPAPER ARTICLES

Who is SHIELD, Inc?

S.H.I.E.L.D., INC (Sharing, Helping, Involving, & Encouraging the Lives of the Disadvantaged) is a 501 (c)(3) organization that serves low-income persons with disabilities, homeless families, and youth who are aging out of state custody. SHIELD, INC was established in 2000 as a corporation and 2001 as a non-profit.

Mission

Building Stable Lives for Persons with Emotional and Physical Challenges in the Mississippi Delta.

Purpose

To enhance the lives of persons with emotional and physical challenges and to educate the community about the obstacles faced by each population of people.

SHIELD Programs

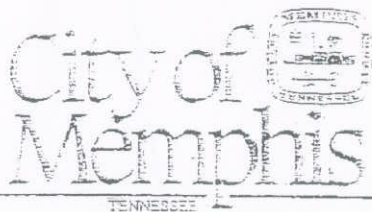
YES, I Can is a supportive program that assists low-income persons with disabilities to maintain housing stability. The program links Miracle Manor residents with community resources.

MIRACLE MANOR is a 65 unit apartment complex owned by SHIELD, INC. that serves the homeless, persons with disabilities and other special needs.

DESTINY HOUSE is a transitional living program for the youth ages 18-21 that are aging out of state's custody in the Memphis/Shelby County area.

SHIELD'S FAMILY SHELTER is a homeless shelter for families with older children, males with children, and husband and wives with children.

SHELTER PLUS CARE provides housing for the chronically homeless individuals with a diagnosed mental illness, some income and who do not have children.



DR. WILLIE V. HERENTON - Mayor
KEITH L. McQUEE - Chief Administrative Officer
ROBERT LIPSCOMB - Chief Financial Officer
DIVISION OF FINANCE
ROLAND McELRATH - Director
Purchasing Agent
Jerome Smith

Thursday, November 2, 2006

SHIELD, Inc
2552 Poplar, Suite 215
Memphis, TN 38112

Re: City Contract #22599

Gentlemen:

We are enclosing, herewith, an executed copy of a Negotiated Contract for the Shelter Plus Care Program with the Division of Housing and Community Development.

This copy is for your files.

Sincerely,

Jerome Smith
Purchasing Agent

cc: City Comptroller

Housing and Community Development-Homeless and Special Needs

SHELTER PLUS CARE AGREEMENT

BETWEEN

THE DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT

CITY OF MEMPHIS, TENNESSEE

AND

SHIELD, Inc.

THIS AGREEMENT (also known as "Contract") made and entered into and by and between the City of Memphis, Tennessee, acting through the Division of Housing and Community Development with principal offices located at 701 North Main Street, Memphis, Tennessee 38107, as party of the first part, hereinafter referred to as "HCD" or "City," and SHIELD, Inc., a public nonprofit corporation, with a mailing address at 2552 Poplar Ave., Suite 215, Memphis, TN, 38112, as party of the second part, hereinafter referred to as "Grantee" or "SHIELD."

WITNESSETH:

WHEREAS, the Shelter Plus Care (S+C) Program is authorized by Title IV of the Stewart B. McKinney Homeless Assistance Act, and S+C is designed to provide permanent housing (through rental assistance) and supportive services valued at or above the amount of the HUD-funded rental assistance to hard-to-serve chronically homeless persons with disabilities; and

WHEREAS, the City of Memphis, by and through its Division of Housing and Community Development (HCD), has received Shelter Plus Care funds in the amount of Seven Hundred Thirty-Nine Thousand Eighty Dollars (\$739,080.00) through HUD grant TNE7C301001; and

WHEREAS, Foundations Associates, the original project sponsor, proposed to operate a program called Breaking the Cycle, which is described in HCD's grant application submitted to and approved by the U.S. Department of Housing and Urban Development (HUD) in June 2005, which is incorporated herein by this reference as Exhibit A; and

WHEREAS, the City entered into contract with Foundations Associates to carry out the Shelter Plus Care program, a sponsor based rental assistance program for chronically homeless persons who are severely mentally ill and/or have a dual diagnosis of severe persistent mental illness and chronic alcohol and/or other co-occurring substance dependence issues; and

WHEREAS, Foundations subcontracted with SHIELD to provide housing to a caseload of nine of the thirty three households designated for assistance through Shelter Plus Care grant; and

WHEREAS, Foundations Associates (FA), confronted with numerous administrative problems during the first year of the grant, asked the City to terminate its S+C contract and the City agreed to the termination if SHIELD, Inc. would accept assignment of FA's S+C contract and program participants to ensure continued rental assistance services through the end of the grant term period; and

WHEREAS, SHIELD agreed to accept the assignment of FA's S+C contract and will maintain a maximum caseload of 33 unaccompanied chronically homeless individuals with a dual diagnosis and/or with a severe mental illness at one time; and

WHEREAS, the payment of rental assistance and administrative costs are governed by and are eligible according to 24 CFR Part 582, the Shelter Plus Care Program regulations; and

WHEREAS, this contract provides Six Hundred Sixty-Two Thousand Two Hundred Ninety Five Dollars and Forty-Six cents (\$662,295.46) in Shelter Plus Care funds to SHIELD for rental assistance for continuation of the Breaking the Cycle program.

**MEMPHIS HOUSING AUTHORITY
&
DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT**



701 JACOB AVENUE
Memphis, Tennessee 38105
901.544.1100

WILLIE W. BORDEN, MAYOR
CITY OF MEMPHIS

ROBERT LIPSCOMB
EXECUTIVE DIRECTOR

BOARD OF COMMISSIONERS

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DR. ELMA H. BARNES
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DIVISION OF HOUSING



AND COMMUNITY DEVELOPMENT
701 Jacob Avenue
Memphis, Tennessee 38105
901.544.1100

ROBERT LIPSCOMB
DIRECTOR

ROBERT L. MCCREY
DLO

HCD COUNCIL COMMITTEE

EDMUND FORD
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SCOTT MCCORMICK
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ANET HOGUE
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JACKY FEED
ACK SANDONS

April 26, 2006

Valerie Bobo
SHIELD, Inc.
2552 Poplar, Suite 215
Memphis, TN 38112

Robert Lipscomb
Dear Ms. Bobo:

Please accept this correspondence as the official commitment from the City of Memphis to provide grant funds to SHIELD, Inc. in an amount not to exceed \$662,295.46 (six hundred sixty-two thousand two hundred ninety-five dollars and forty six cents), for the administration of the Breaking the Cycle Shelter Plus Care program in the City of Memphis, Tennessee.

These funds shall be provided from the City's Shelter Plus Care grant (TN37C301001) as allocated to the City through the U.S. Department of Housing and Urban Development, and shall also be tendered to SHIELD, Inc. as a grant. Said the purpose of this grant to SHIELD, Inc. shall be for serving homeless individuals with a mental illness.

This commitment shall expire at exactly one (1) year from the date of this letter. Also, the terms and conditions set forth herein shall be articulated in an executed contract between the City of Memphis and SHIELD.

Thank you.

Sincerely,

Robert Lipscomb
Robert Lipscomb, Director, HCD

c: Marcus D. Ward, Assistant City Attorney, HCD ✓
Mary-Knox Lanier, Administrator, Homeless/Special Needs
Kim Skaggs

"Doing The Right Things Right"

IRVING PARK APARTMENTS CONTRACT
between
SHIELD, INC.
and
THE DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT
CITY OF MEMPHIS, TENNESSEE

THIS AGREEMENT, made and entered into by and between the City of Memphis, Tennessee, acting through its Division of Housing and Community Development, with principal offices located at 701 N. Main St., Memphis Tennessee 38107, as party of the first part, hereinafter called "City" or "Grantor", and SHIELD, Inc. (Sharing, Helping, Involving and Encouraging the Lives of the Disadvantaged), a private nonprofit corporation with principal offices located at 869 Trezevant, Memphis, Tennessee 38108 as party of the second part, hereinafter called "SHIELD" or "Owner".

WITNESSETH

WHEREAS, the City has received HOME Program funds to be used for eligible housing activities to provide decent affordable housing to lower-income households; and

WHEREAS, SHIELD, is a nonprofit organization chartered in the state of Tennessee to enhance the lives of persons with emotional and physical challenges; and

WHEREAS, SHIELD applied to the Federal Home Loan Bank In Cincinnati (through the National Bank of Commerce) for \$960,000 to allow SHIELD to acquire an interest in the 64 unit multifamily housing property at 2450, 2452 and 2454 Ketchum Cove and to rehabilitate said property; and

WHEREAS, SHIELD requested and was granted Two Hundred Sixty Three Thousand Dollars (\$263,000) in HOME funds from the City to be used with \$112,000 from the Federal Home Loan Bank grant to acquire the property; and

WHEREAS, the FHLB will provide \$548,000 to SHIELD to renovate the property and NBC Bank will provide a leverage loan to SHIELD to purchase the property; and

WHEREAS, the property will provide affordable rental housing to low income homeless and special needs populations including persons with mental illness and dual diagnosis; and

WHEREAS, the use of HOME funds to acquire rental property to house low-income persons is eligible under 24 CFR 92; and

WHEREAS, SHIELD agrees to enforce occupancy, property standards, income eligibility and all other pertinent HOME regulations governing the project, including a 5 year affordability period.

NOW, THEREFORE, the parties to this agreement, for the considerations set forth below, do here and now agree to bind themselves to the following terms and conditions: